

10/530016

JC17 Rec'd PCT/PTO 01 APR 2005

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: Paper

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: TUMOR TARGETING AGENTS AND USES
THEREOF

Attorney Docket Number:: 014975-112

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: Yes

Latin Name::

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Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Mathias

Middle Name::

Family Name:: BERGMAN

Name Suffix::

City of Residence:: Ostersundom

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Skutholminkaari 16

City of Mailing Address:: Ostersundom

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-01100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Finland
Status:: Full Capacity
Given Name:: Merja

Middle Name::

Family Name:: AUVINEN

Name Suffix::

City of Residence:: Espoo

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Westendin puistotie 10 A

City of Mailing Address:: Espoo

State or Province of Mailing
Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing
Address:: FI-02160

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Hannu

Middle Name::

Family Name:: ELO

Name Suffix::

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City of Residence:: Helsinki

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Kauppaneuvoksentie 12

City of Mailing Address:: Helsinki

State or Province of Mailing
Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing
Address:: FI-00200

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number:: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	National Stage of	PCT/FI2003/000724	10/03/03
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Finland	20021761	10/03/02	Yes

Assignee Information

Assignee Name:: KARYON OY

Street of Mailing Address:: Viikinkaari 4

City of Mailing Address:: Helsinki

State or Province of Mailing
Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing
Address:: FI-00790